U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 13685

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name John Morrison Jr	Name ELECTRICAL WORKERS IBEW AFL-CIO
	Labor Organization File Number 022-469
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
T. C. DOX, Didgs, Notific 140., It diff	r.o. box, building and Room Number, if any
Street 105 East Garrett Street	Street 4315 PRESTON HIGHWAY, SUITE 102
City Louisville	City Louisville
State Kentucky ZIP Code + 4 40214	State Kentucky ZIP Code + 4 40213 - 203:
. Position in labor organization.	
vice Flesident	
Enter appropriate data halour if during the west fined year.	
enter appropriate data below if, during the past fiscal year, you or your s (except as specified in the ex	spouse or minor child directly or indirectly had any of the following interests xclusions set forth in the instructions):
. Held an interest in, engaged in transactions (including loans) with,	or derived income or other economic benefit of
nonetary value from an employer whose employees your organiz	eation represents or is actively seeking to represent.
. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
THE PROPERTY OF THE PROPERTY O	
P.O. Box, Bldg., Room No., if any	The same of the same and the same of the s
	And the second s
	7.b. Amount.
Street	7.b. Amount.
Street City	7.b. Amount.
	7.b. Amount.
City State ZIP Code + 4	
City State ZIP Code + 4 Si 15. Signature and verification. The undersigned declares, under penalty	rignature of Perjury and other applicable penalties of the law, that all of the information
City State ZIP Code + 4 Si 15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompa	rignature of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the
State ZIP Code + 4 Si 15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompa undersigned's knowledge and belief, true, correct, and complete. (See the	rignature of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the
City State ZIP Code + 4 Si 15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompa undersigned's knowledge and belief, true, correct, and complete. (See the	rignature of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the
State ZIP Code + 4 Si 15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompa undersigned's knowledge and belief, true, correct, and complete. (See the	ignature of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the exection on penalties in the instructions.)

Name of Person Filing John Morrison Jr		File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organizat b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	ng.
Name		
y market mark the control of the	:	;
The second of th		
P.O. Box, Bldg., Room No., if any		÷
Street	11.b. Approximate dollar valu	e of such dealing
City	12.a. Nature of interest held	[A Marth Ashina) Printed 2 United Ambrida 2 United Ambrida and Amb
State State		
	12.b. Amount.	The state of the s
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	er parts A and B above)	Annual party and the state of t
(including trade name, if any).	06/14/2004 Golf O	uting - Invited guest.
Name National Electrical Contractors Association		
Trade Name, if any: Louisville Chapter, NECA		
P.O. Box, Bldg., Room No., if any		
Street 1404-C Browns Lane	:	!
City Louisville		
State Kentucky ZIP Code + 4 40207-4655	t	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	\$75

Nam∮öf Person Filing	John	Morrison	Jr
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Part C Continuation Page

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C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. 12/08/2004 Christmas celebration - invited guest.			
Name Lou Elect Joint Apprent & Training Comm				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street 4315 Preston Highway, Suite 100				
City Louisville				
State Kentucky ZIP Code + 4 40213-2031				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$39			
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4	and the second and th			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			
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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			